

Figure 1

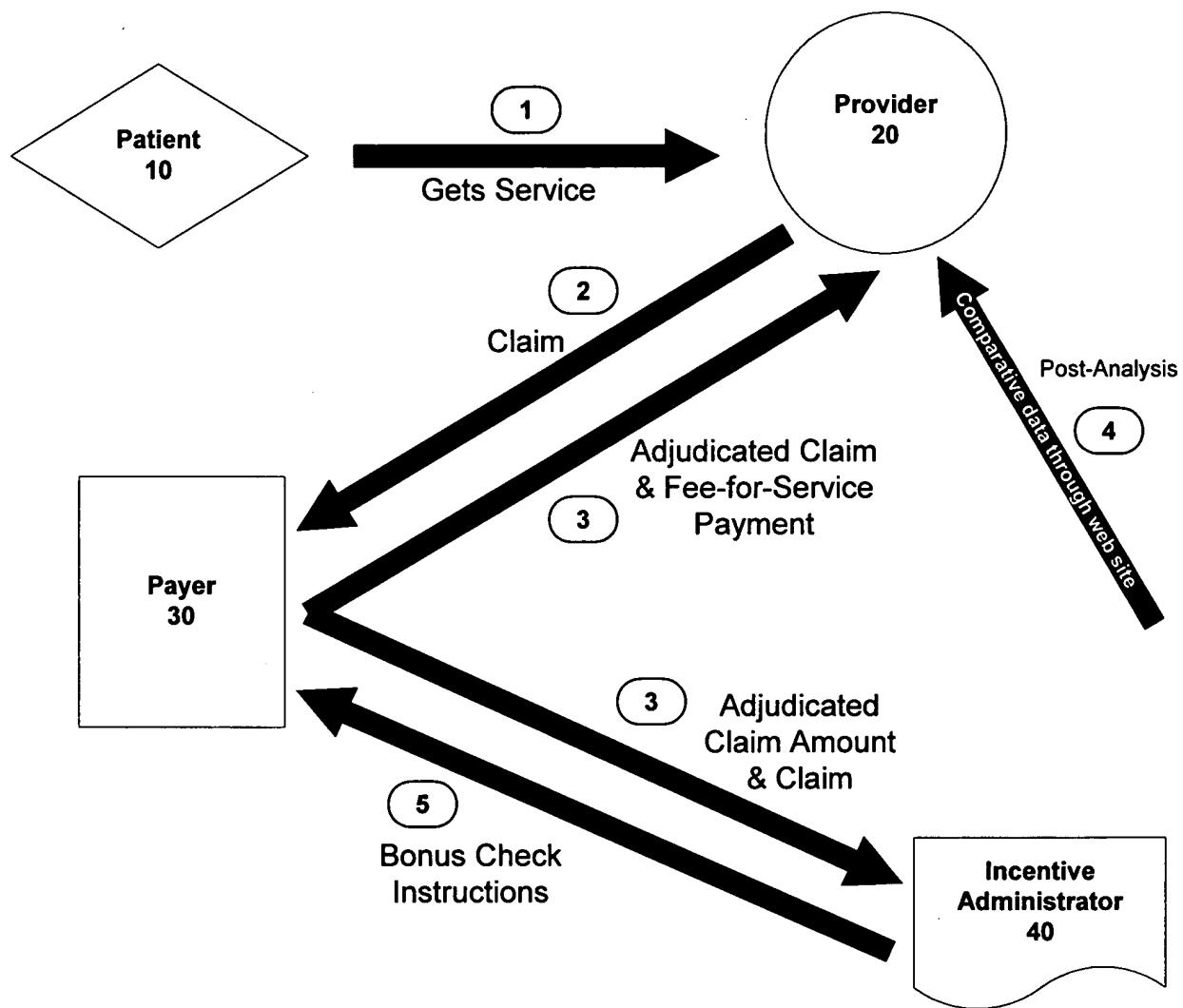


Figure 2

Name	Size	Sample	Description
Family ID	30	368743816	With Member ID, forms a unique identifier for each patient in the plan
Member ID	2	01	With Family ID, forms a unique identifier for each patient in the plan
Patient Sex	1	M	Code to indicate gender
Patient Age	3	34	Age of patient
Amount Paid	11	897.34	Adjudicated amount, the amount the payor pays to the provider, which excludes copays and deductibles
CPT4 Code	5	21454	A industry standard code which designates the type pf procedure or action provided
First DX Code	6	830	An industry standard (ICD-9) code which designates the primary diagnosis
Second DX Code	6	8481	An industry standard (ICD-9) code which designates an additional diagnosis, if it exists
Third DX Code	6		An industry standard (ICD-9) code which designates an additional diagnosis, if it exists
Fourth DX Code	6		An industry standard (ICD-9) code which designates an additional diagnosis, if it exists
First Date Of Service	8	6/26/1999	The date the service was provided (or the first date of a date range)
Last Date Of Service	8		The last date of a date range when service was provided, or null
Type Of Service	10	A	A code which indicates the type of charge, if the CPT4 code is not available
Provider ID	20	18772554	A unique identifier for a provider
NDC Code	11	45044964	An industry standard code which identifies the drug used

Figure 3A

Name	Size	Added by Group	Description
		Sample	
ETG Assignment	4	723	A code indicating the ETG Category assigned to this claim, which classifies the episode type
Episode Number	10	98614	A sequential counter used to identify distinct episode instances
Episode Cluster	3	3	A subset of an episode instance
Episode Type Flag	1	1	A code indicating the confidence in the accuracy of the episode instance
Record Type Flag	1	M	A code indicating the category of the expense
Cluster Provider ID	20	18772554	The provider who is responsible for the claim which is the basic claim for this cluster.

FIG. 3B1

<i>Added by Incentive Administrator</i>				
<i>Name</i>	<i>Size</i>	<i>Sample</i>	<i>Description</i>	<i>Entity</i>
EPG Assignment	5	1982	A code indicating the EPG Category assigned to this claim, which classifies the episode type	Episode Instance
EPG Number	15	928776	A sequential counter used to identify distinct episode instances	Claim
Outlier	1	0	A flag to indicate that the episode is an outlier	Episode Instance
Do not Pay Incentive Responsible Physician Baseline	1	0	A flag to indicate that the episode should not have an incentive paid	Episode Instance
Do not Pay Incentive Responsible Physician Baseline	20	18772554	The provider who is responsible for the EPG	Episode Instance
Baseline	11	2105	Default expected cost of the episode, used as a normative measure of cost	Episode Category
Adjusted Baseline	11	1015	The baseline value for the episode instance, adjusted for comorbidities or other reasons	Episode Instance
Savings	11	101	The savings achieved for this episode instance - if negative, indicates that the total cost was greater than the baseline	Episode Instance
Referring Physician Default Physician	20	20715432	The physician who referred the patient, if any	Episode Instance
Default Physician	20	10217824	The default physician to use for the patient if no Responsible Physician can be determined	Patient
Floor Value	11	450	The minimum cost an episode instance is expected to cost	Episode Category
Ceiling Value	11	2200	The maximum cost an episode is expected to cost	Episode Category
Total Actual Cost	11	914	The total payments made for the claims in the episode	Episode Instance
Serial Episode Indicator	1	0	Indicates possible serial episode gaming validation	Episode Instance
Do not Check for Serial Episode Indicator	1	0	Indicates that this episode instance should not be checked for a serial episode gaming validation	Episode Instance
Do not Check for Floor Indicator	1	0	Indicates that this episode instance should not be checked for a Below Floor validation	Episode Instance
Below Floor Indicator	1	0	Indicates possible below floor gaming validation	Episode Instance
Possible Upcode Indicator	1	1	Indicates possible upcoding gaming validation	Episode Instance
Prorata factor	5	0.85	Percentage of total treatment (and expense) to be allocated to this episode where the patient enters or leaves the plan while an episode is in progress. Most episodes will be 1	Episode Instance
Comorbidity Factor	5	1.25	Ratio used to adjust a baseline for the presence of a comorbidity condition for the patient	Comorbidity Instance

FIG. 3B2

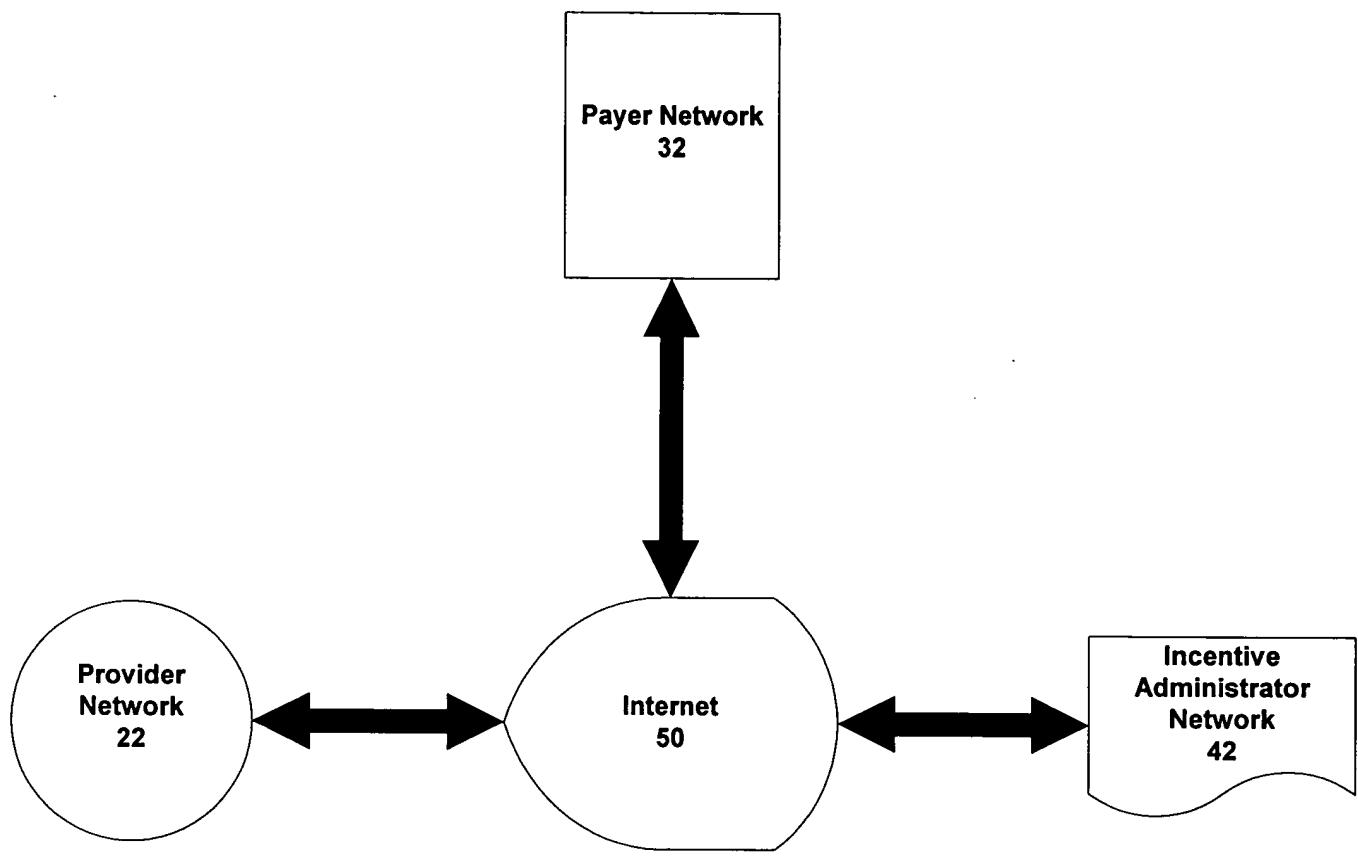


Figure 4

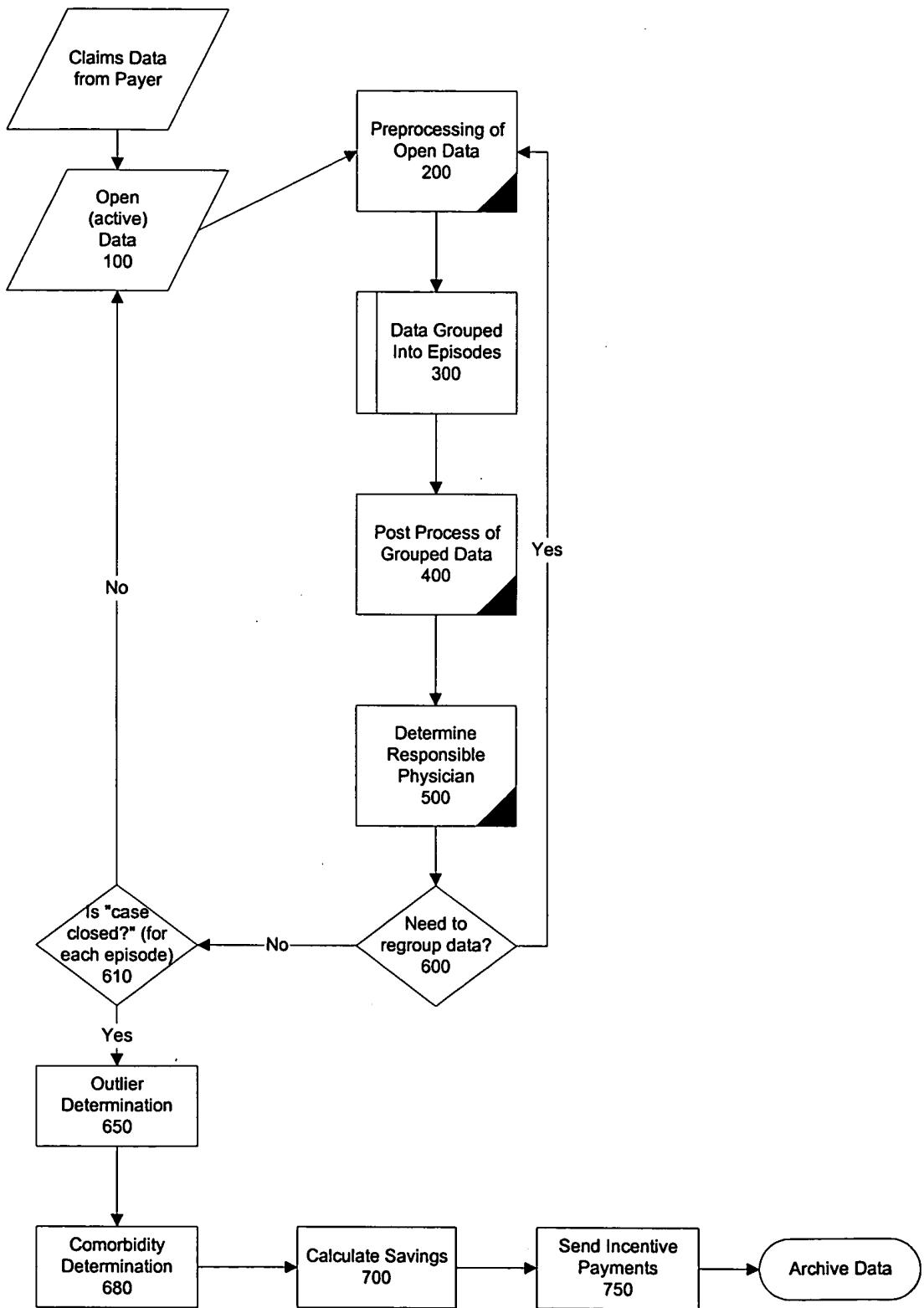


Figure 5

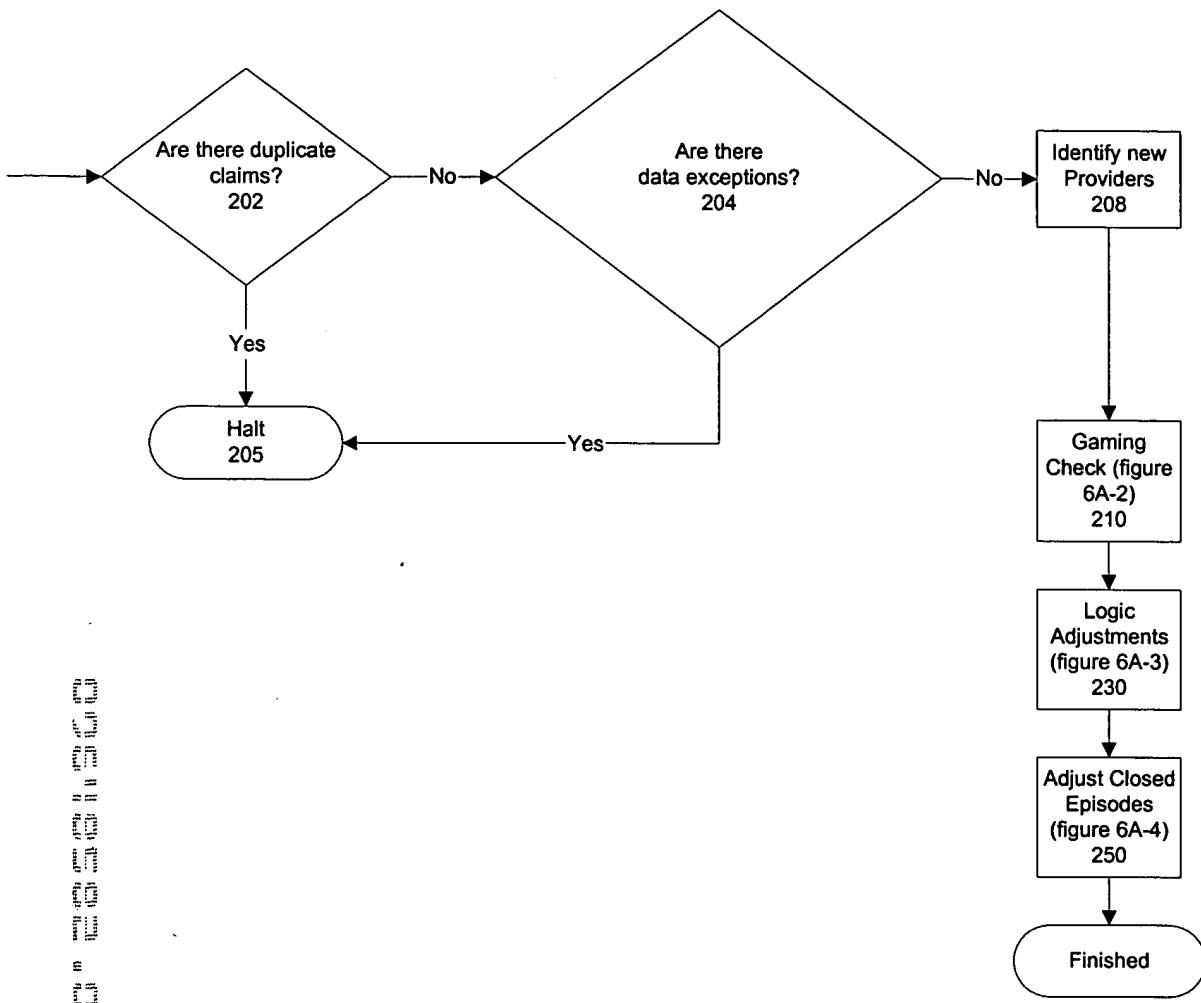


Figure 6A-1

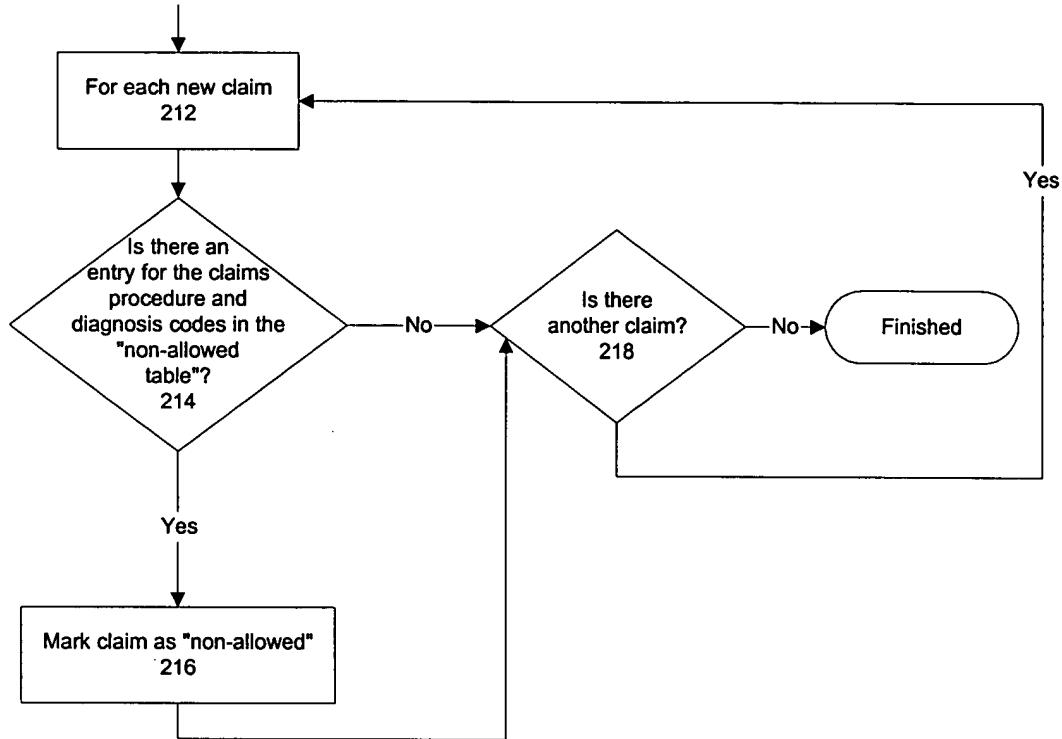


Figure 6A-2

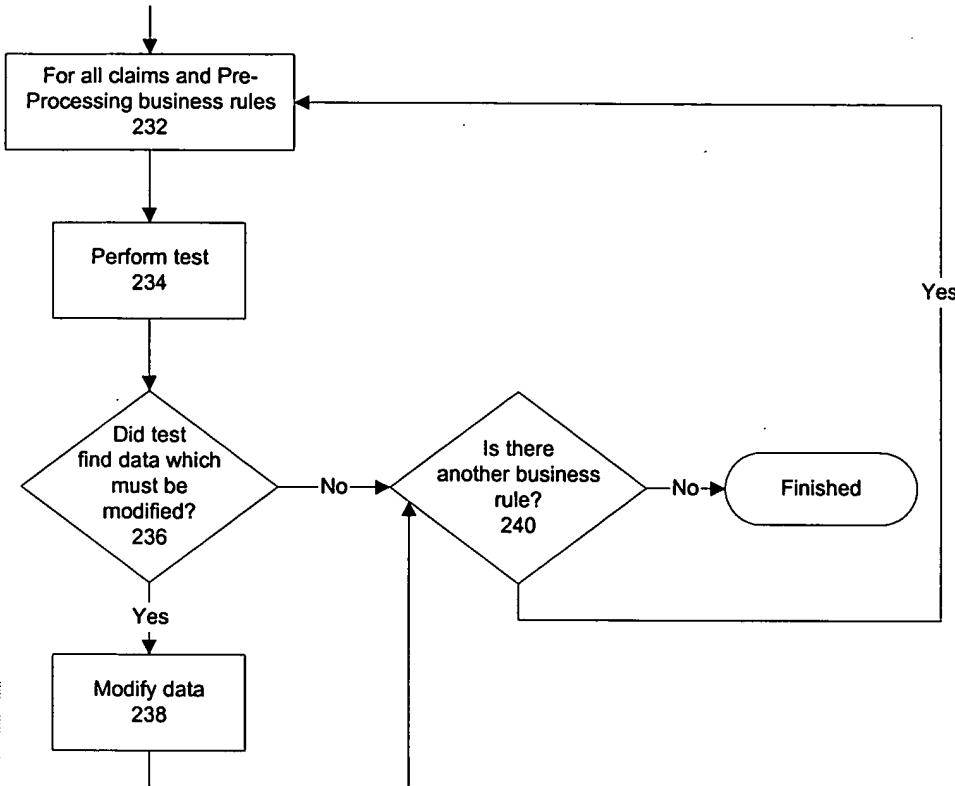


Figure 6A-3

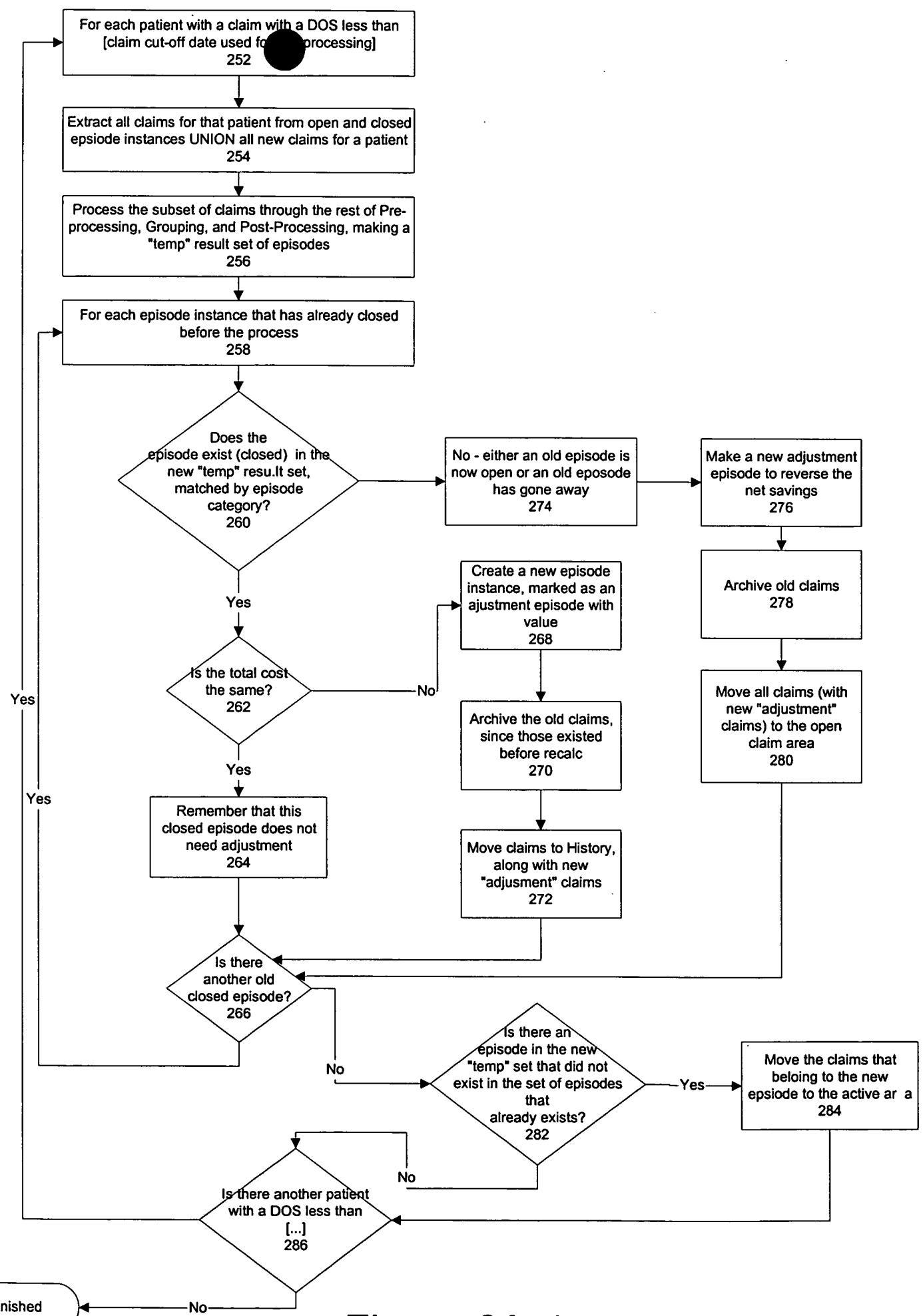


Figure 6A-4

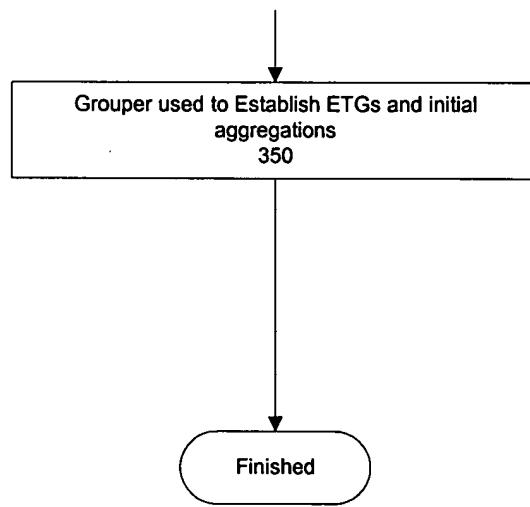


Figure 7

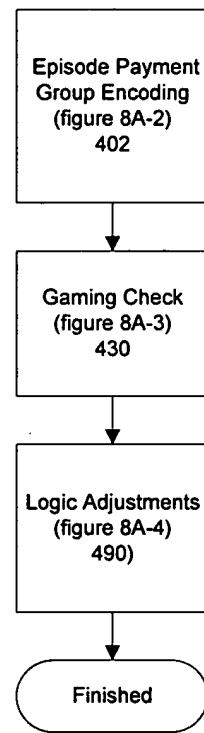


Figure 8A-1

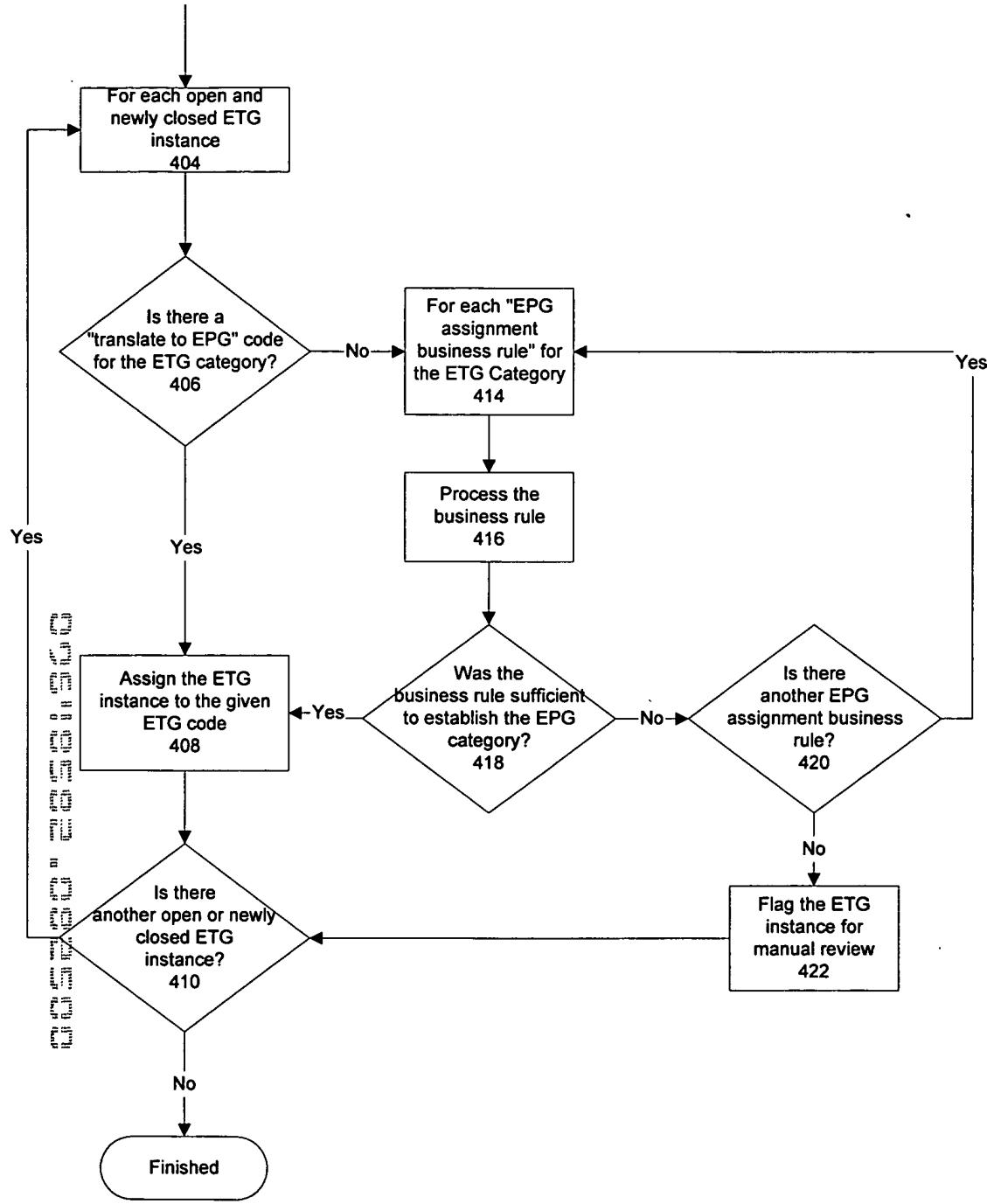


Figure 8A-2

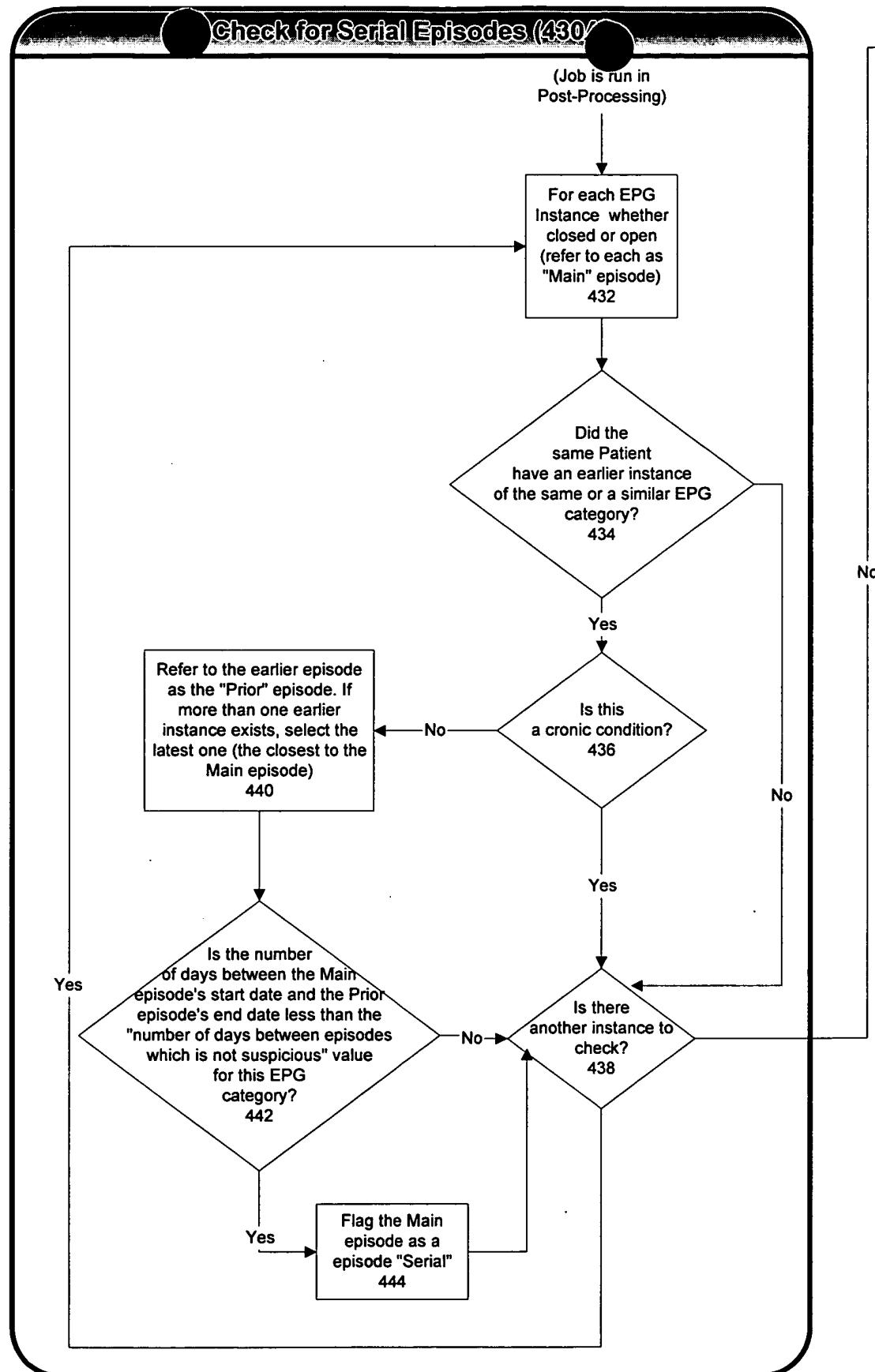


Figure 8A-3 (1 of 4)

Floor Analysis (430B)

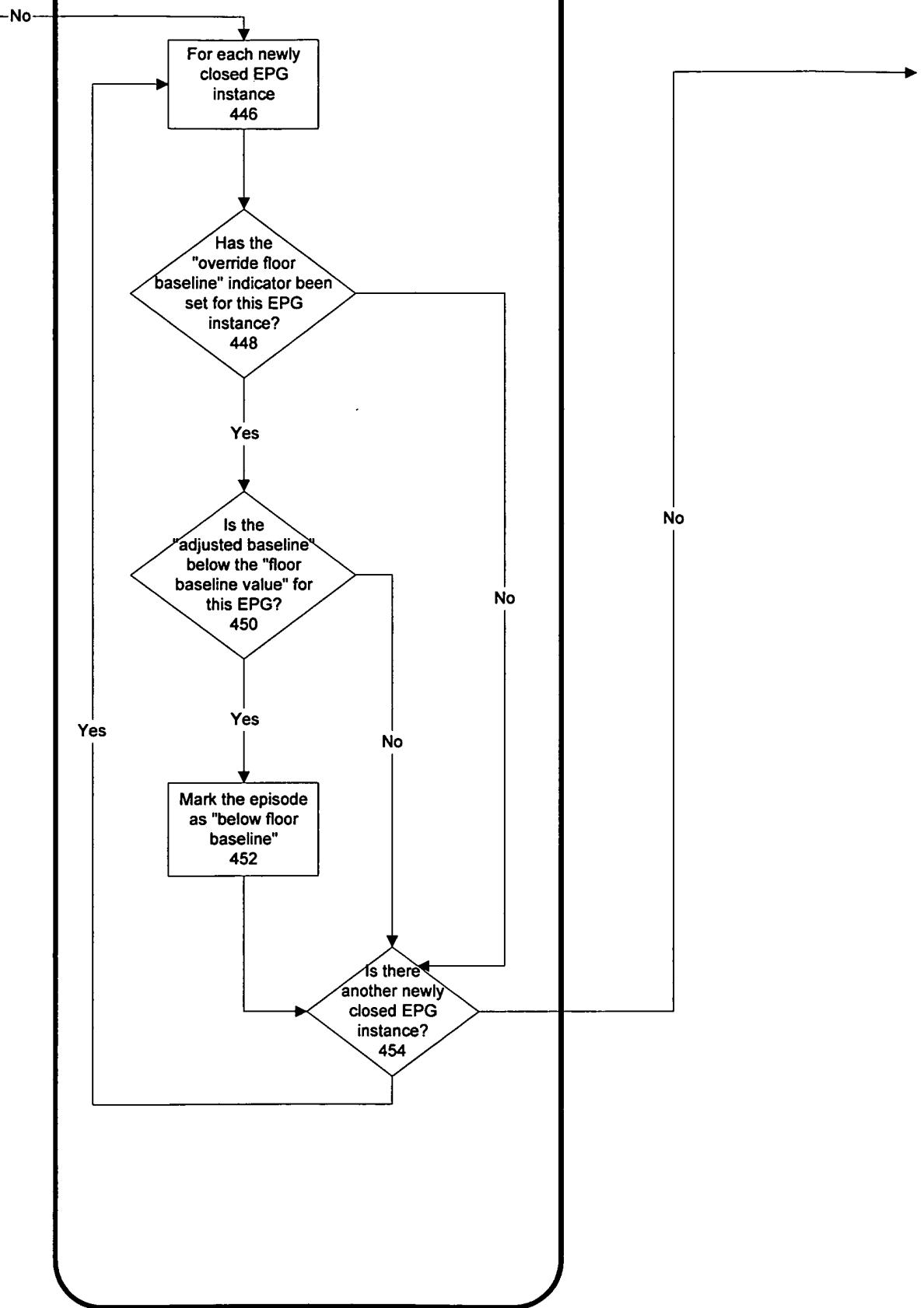


Figure 8A-3 (2 of 4)

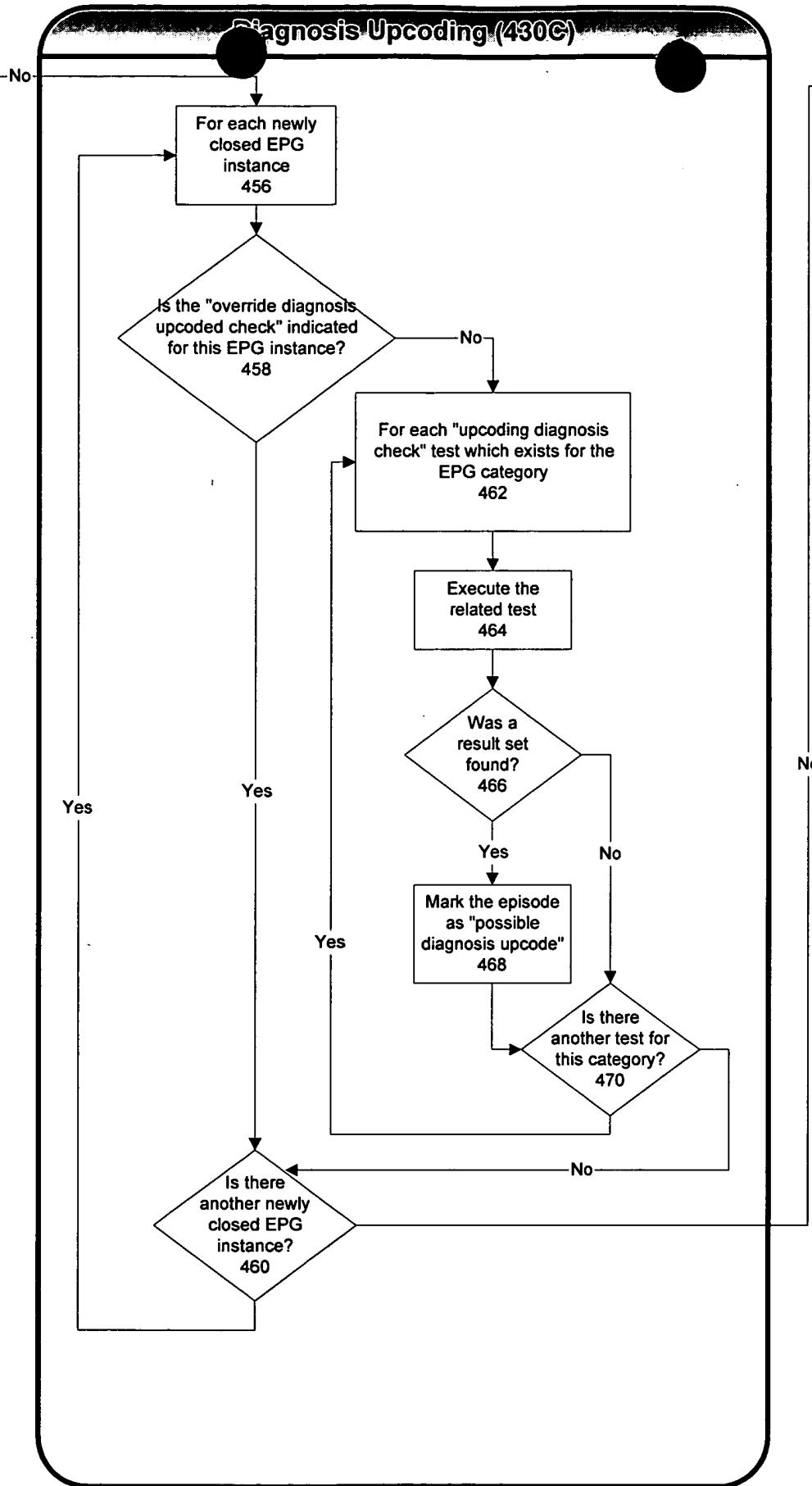


Figure 8A-3 (3 of 4)

Prorata of Partial Episode (430D)

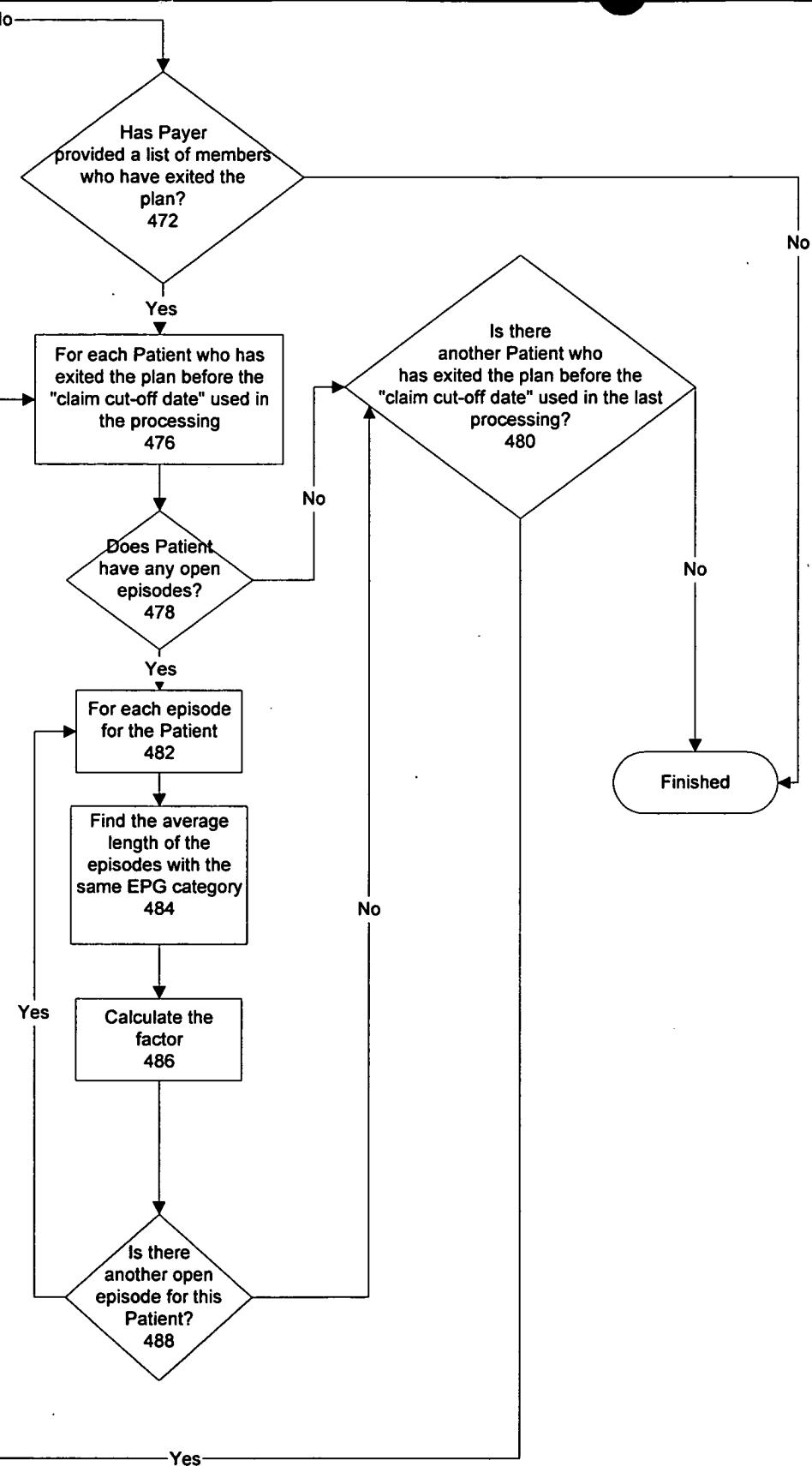


Figure 8A-3 (4 of 4)

For Post-Processing business rules
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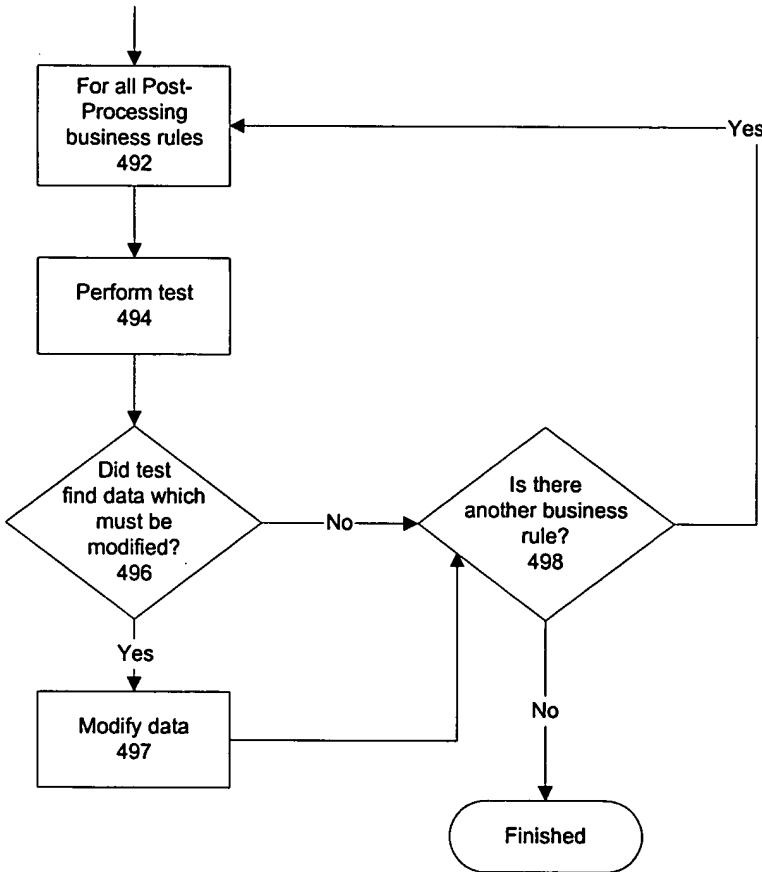


Figure 8A-4

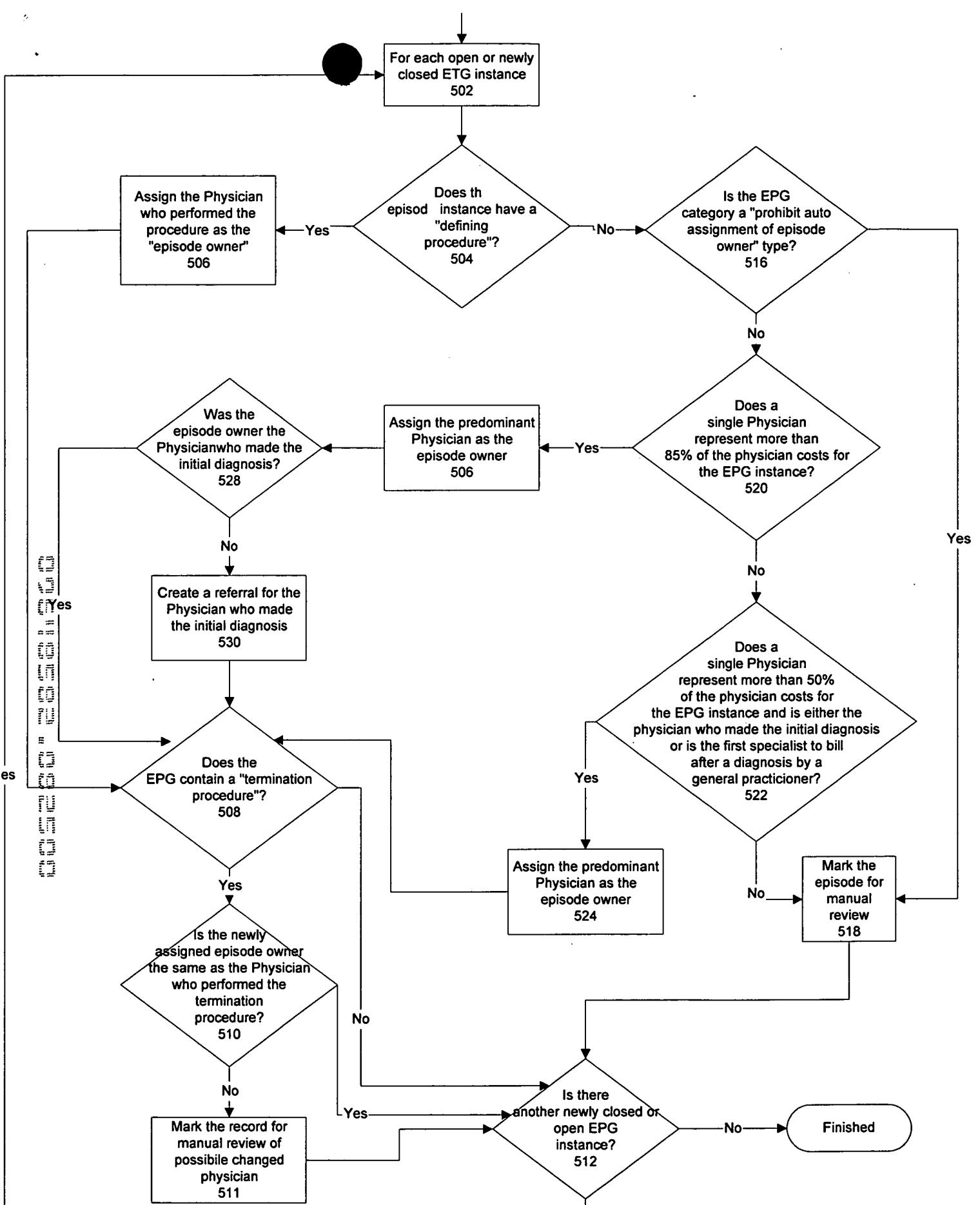


Figure 9A-1

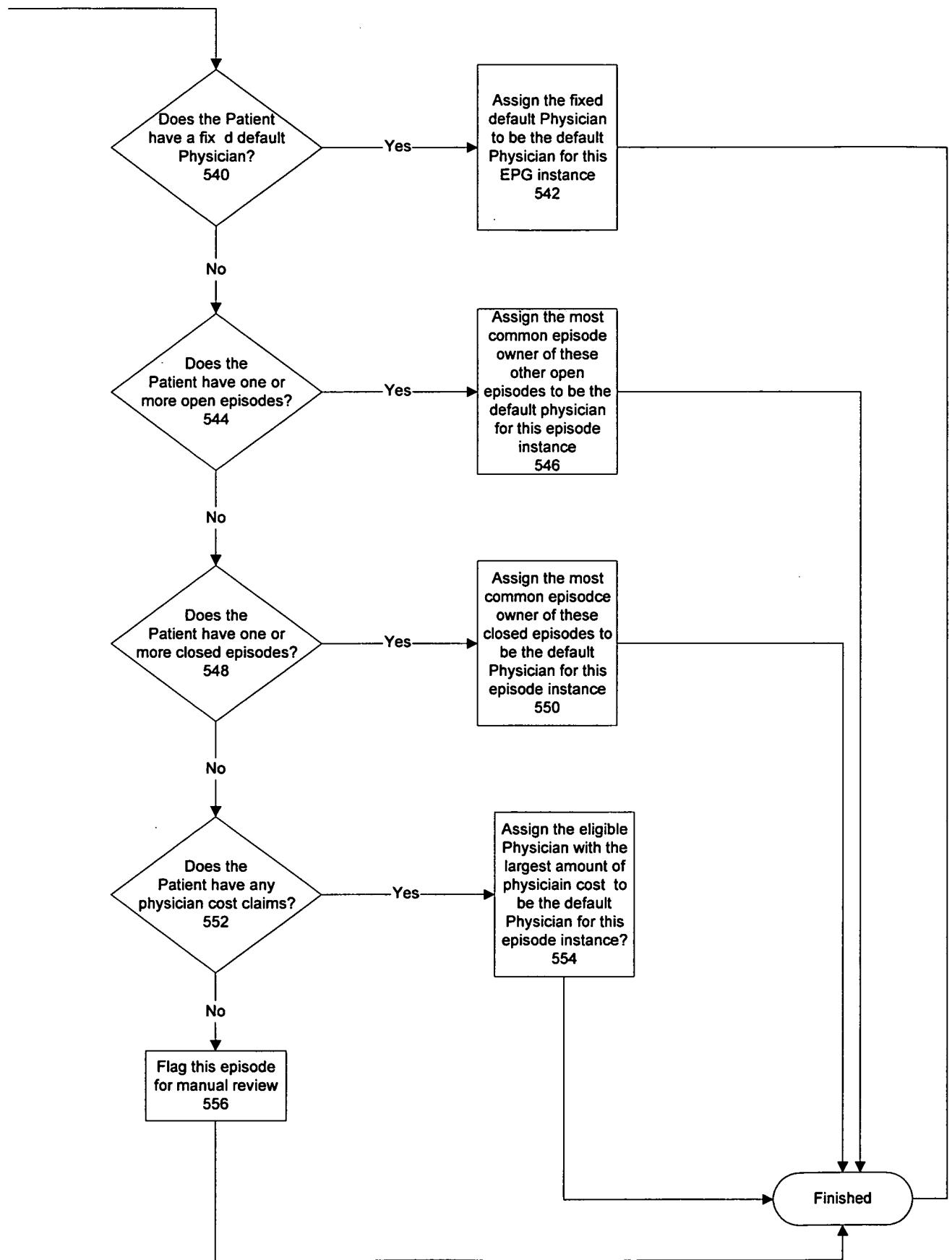


Figure 9A-2

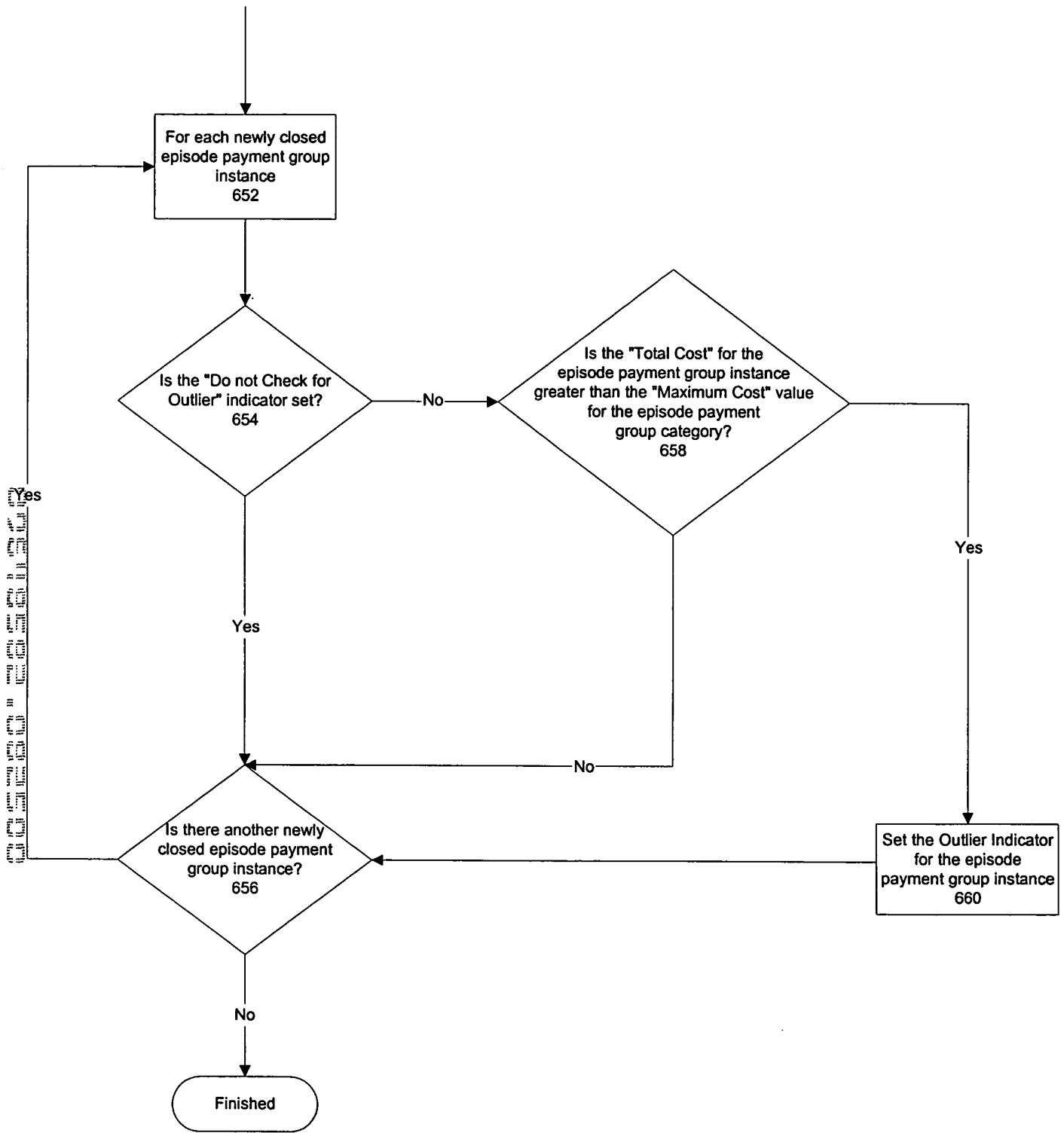


Figure 10

100 100 100 100 100 100 100 100 100 100

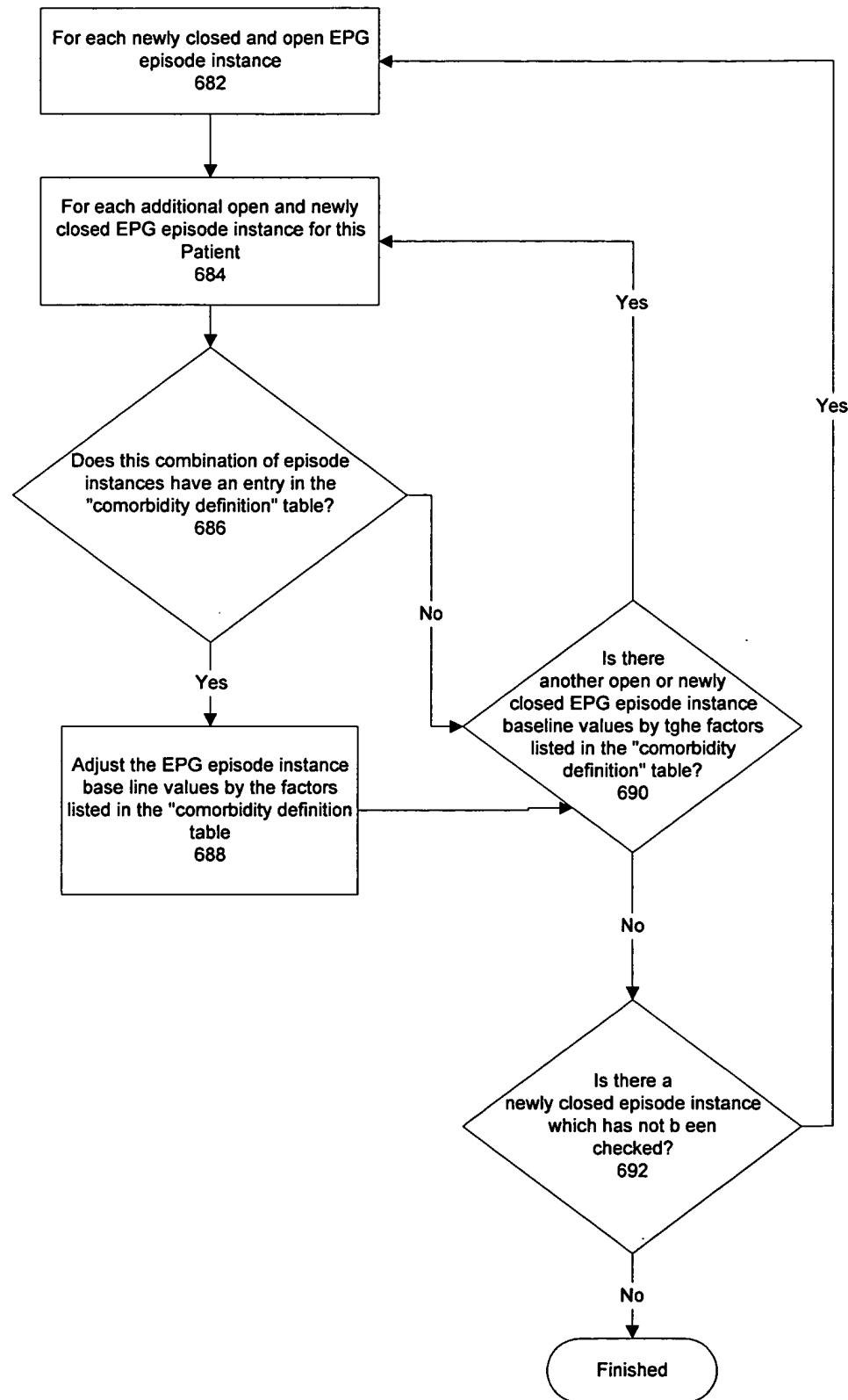


Figure 11

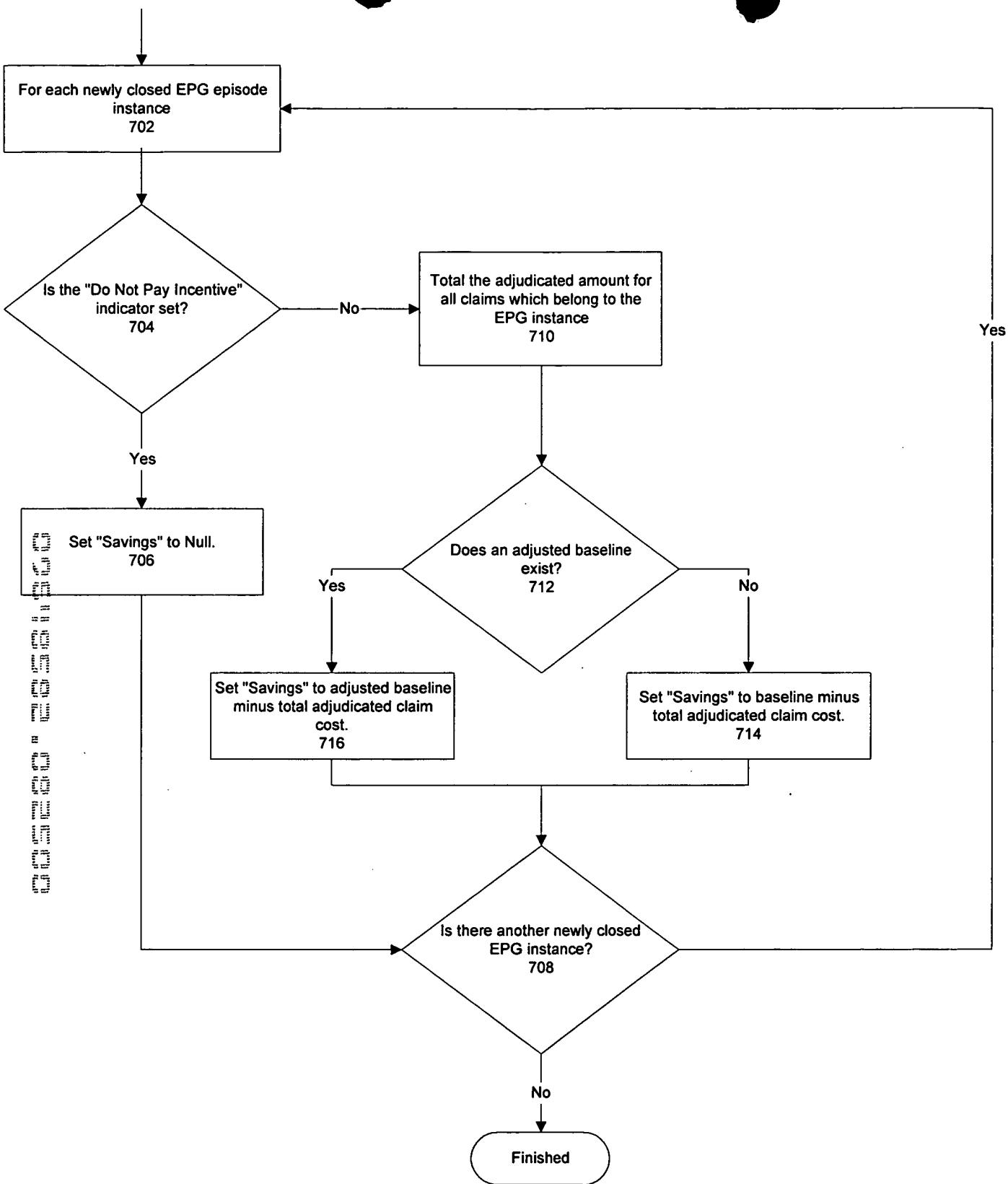


Figure 12

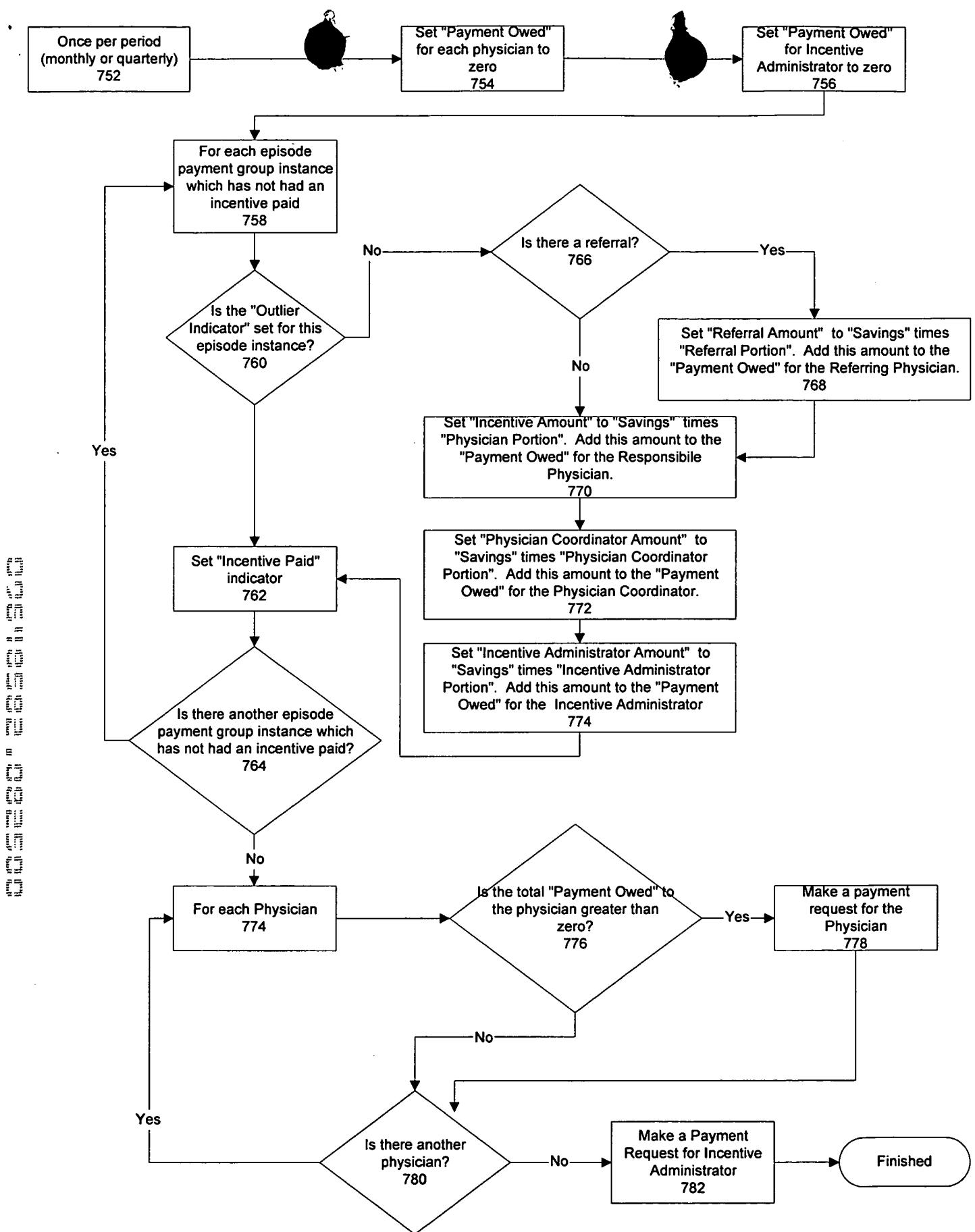


Figure 13